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No. 1.

CEREVISIA FERMENTUM.—ON THE USE OF YEAST IN PUTRID SORE THROAT, &c. &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The gratifying effects of the use of yeast, and the very happy result, in a case of putrid sore throat, that I have just had under my charge, induce me to offer the following suggestions for publication in your excellent Journal.

The case alluded to was a boy 12 years old. For a week previous to my being called in, he had complained of common sore throat. He had had the usual domestic remedies applied, and among them a flannel bandage around the neck. He considered himself well on Monday, 11th inst., and imprudently took off the bandage, going out and exposing himself to the inclement weather. He was taken severely ill on Monday, with a high fever, headache, &c., and early on Tuesday morning I was sent for, and found him laboring under all the symptoms of malignant inflammation of the throat, accompanied by an eruption on the face and neck, of a dark-red color; face somewhat swelled; skin of face and neck exceedingly *rugous* (like the surface of the leaf of sage); tongue of a fresh meat color; rima glottis tumefied and inflamed; epiglottis erect and almost immovable from tumefaction, and the whole mouth and fauces dry and harsh. There was considerable cough, but the tough ropy sputa could not be expelled. I applied the usual antiphlogistic treatment, except bloodletting. A sinapism on the throat enabled the patient to swallow his medicine. The usual course of such a disease went on regularly till Thursday morning, the eruption having extended over the whole body. On that morning, unequivocal symptoms of ulceration and typhoid showed themselves. The pulse was small, thready, feeble and quick; the mind wandering, with incessant murmuring; inability to articulate intelligibly; alternate severe pains in the head and abdomen; little sensibility in the throat; small white and grey spots throughout the mouth, tongue and fauces, and numerous petechiæ on the face and abdomen. I immediately ordered half a pint of fresh brewer's yeast, mixed with half a pint of water, with brown sugar sufficient to give it flavor, and to take a tablespoonful of the mixture every two hours, suspending all other remedies except the gargle (made of borate of soda, honey and infusion of sage) and occasional sinapisms to the throat. Up to this

time the fever and eruption had been regularly intermittent, coming on about 2 o'clock in the morning, and subsiding about 12 M., at which time the skin became quite smooth, and very slight signs of the eruption. On Friday morning, a great change had taken place. He had rested tolerably well during the night; his tongue and mouth were nearly relieved and clean; the fever and eruption were quite moderate, and passed off before 9 o'clock. On Saturday still further improvement was manifested. He could eat with facility, and begged for food, which was allowed him freely. On Sunday morning all symptoms of the disease had disappeared, except the swelled and sore lips, and edges and point of the tongue. On Monday all he required to constitute him perfectly well was strength; but even in that respect he was not very unwell, for he got up, in the absence of his mother from his room, and went to the window; and when I saw him last, on Tuesday, he was about the house with the rest of the family. He continued to take the yeast until Monday evening.

I have been rather particular in relating the case, that it might be understood; though I fear some will think, from the rapid recovery and my imperfect description, that it was not a very severe one. I have seen many cases, during my thirty years' practice, of putrid sore throat, scarlatina maligna,* or whatever else it may be called, but I have never seen a more threatening one than this, particularly on Thursday morning. Its happy termination I attribute entirely, under Providence, to the free use of the yeast. I had used this article ever since the Rev. Mr. Cartwright, of Louisiana, published his account of its successful employment in nervous fevers some thirty years ago. I prescribe it in the typhoid stage of all eruptive diseases, especially smallpox, and generally with the happiest effect.

And now, Sir, to the object of this paper. Do we not sacrifice too much in our endeavors to *refine* our remedies? Nearly all our writers discourage the use of yeast, saying we can avail of its active principles in far more elegant and convenient forms. I do not believe this. Who, I beg leave to ask, who knows what the active principles of yeast are? We can analyze and obtain from it potash, carbonic acid, acetic acid, malic acid, lime, alcohol, extractive mucilage, saccharine matter, gluten, water. But can we say that these ingredients or principles, artificially combined, in part or in whole, individually or collectively, will make yeast? And will the article thus made have the same effect as the natural article or compound does? Who can say that the effect of an article like this is attributable to its generation of carbonic acid, or to its tonic power derived from the bitter principle, or to the stimulating principle of its alcohol? We all have used carbonic acid in the form of carbonated water, effervescing draughts, &c.; and stimulants in the form of ammonia, alcohol, wine, &c.; and tonics in the form of bark, quinia, &c.: but never have I seen the effects from all these equal to those of yeast. Who can say that in the process of analyzation some very active principle is not lost? I think yeast exerts a direct and most powerful in-

* This boy had scarlet fever (scarlatina simplex) very severely, six years ago, and was attended by myself.

fluence upon the degenerated blood, restoring it speedily to a healthy condition. It seems to generate some active principle while in the stomach, which acts upon the blood and nervous system. Certainly its effects on the system, in diseases of a typhoid character, are entirely unlike those of any other remedy. In our endeavors to render our remedies more "elegant," and "convenient," therefore, by the extraction of active principles, we should be careful lest we sacrifice utility to nicety. We all know that even *quinia* is not in all cases a substitute for Peruvian bark, although this article approaches nearer to a perfect embodiment of the active principle of a natural product than any other. Quinia is not always bark, nor morphia opium. But in the case before us, for yeast, in my opinion, no substitute can be obtained, even by a combination of every one of its active principles artificially; for, as before observed, there seems to be an active principle in the original that cannot be found by analysis, and that is destroyed by it. This principle seems to me to resemble the principle of life.

In conclusion, I hope your professional readers will bear these suggestions in mind, and when they have a case suitable for it, give the article a trial, and the patient a chance to be benefited by it. It is proper to say that *brewer's yeast* is the article I always use. Distiller's, baker's, and common family yeast, do not act so well; though either are very far better than none. When prepared as above, it is by no means disagreeable. With children, I generally call it porter sangaree, and they are not aware of the deception.

Yours, GIDEON B. SMITH, M.D.

Baltimore, Md., January 22, 1852.

Baltimore, January 27th, 1852.

DEAR SIR,—I feel it to be my duty to place at your disposal the following statement of facts, at the earliest moment.

I had scarcely returned from mailing my article to you on the subject of the use of yeast in putrid sore throat [see above], when I was called to visit a family of four children. I found them all laboring under severe symptoms of scarlatina maligna. The mother informed me they had been for two or three days complaining of dryness and some soreness of the throat, headache, nausea, and pain in the back and stomach; but on Friday evening, 23d inst., three of them went to bed, viz.—John, 13 years; Mary, 8 years; and Robert, 4 years of age: Charles, aged 10 years, not in bed, but complaining greatly. When I saw them, on Saturday morning, the eruption was fully developed on the face and neck of the three first, of a dark dull red color; the throat very sore; the tongue dry, with a dark fur on the middle and back portion; grey spots on the tonsils and fauces; great mental uneasiness; eyes quite red, and great anxiety of countenance. In fact all three had strong symptoms of the worst form of scarlet fever. The pulse was almost too quick to be counted, and heat of the skin very high. The skin of all three had also assumed the peculiar *rugous* appearance described in my previous article. I had come to the conclusion that brewer's yeast was an antidote to the specific poison of scarlet fever, and I immediately ordered its free

use in these cases, administering it also to Charles who was not yet in the eruptive stage. I ordered the yeast to be mixed with an equal portion of water, and to be well sweetened with *brown* sugar, each patient to take a tablespoonful every two hours, unless it affected the bowels, in which case the quantity to be reduced one half. I gave no other medicine, and did nothing else except applying sinapisms to all their throats to enable them to swallow. On Sunday morning I found they had all passed a tolerably comfortable night. Their tongues were all clean, moist, and of a healthy color; throats slightly sore; the eruption extended over the whole body, but evidently on the decline. Charles, who was one day later in the various stages than the other three, was now on an equality with them. On Monday morning all of them were so well they begged hard to be allowed to leave their beds, except Robert, the youngest. This morning, Tuesday, 27th, I have pronounced them all *well*. Robert had been dreadfully burned several months ago, by the bed being accidentally set on fire while he was in it. All the burnt surface had been healed, except a place as large as my hand on the lower part of the abdomen. His long confinement and debility from that accident, rendered his attack of the scarlet fever much to be dreaded; but even in his case the disease has passed away. The fact that this remedy acts as an antidote to the poison of scarlet fever, seems to derive great support from the case of Charles, who commenced taking it before the fever and eruption were developed, and who, though one day later than the others in the development of the disease, got well at the same time they did.

Now here are four cases, three of which commenced on Friday night, the other on Saturday night, all presenting the worst form of the disease, and all well on Tuesday morning—three days and a half in three of them, and two days and a half in one of them; and no remedy whatever used except brewer's yeast and occasional sinapisms!

As stated in my former paper, I have long used this remedy in scarlet fever, measles, smallpox, and all other eruptive febrile diseases, when they degenerated into the typhoid state—or collapse, as it is generally called. I have never before administered it in the first or eruptive and febrile stage, in which, from its success in these cases, it would seem to be even more efficacious than when delayed till the collapse takes place. I know you will think me very enthusiastic on this subject, and too easily led away by a single success with a remedy; but, when you consider the nature of the disease, its extreme danger when it assumes a virulent form, and the uncertainty of all remedies heretofore used; and when you consider, also, the formidable character of the case first reported in my former paper, and also that of the four now presented, and the very happy and speedy termination of all of them, I feel assured you will excuse me for calling the attention of the profession to the subject in the most earnest terms. I have rather underrated than exaggerated a single symptom of any of the cases. When I commenced attending them, the parents immediately became hopeless of saving any one of them, as soon as they learned what the disease was. The parents of the four children had lost a son, a few years ago, of the same

disease, and they declared all these children were much more severely attacked than he was. I therefore feel it my duty to lose no time in making these facts public. Respectfully, GIDEON B. SMITH, M.D.

STRICTURE OF THE URETHRA.

[Read before the Southern (Mass.) District Medical Society, by PEREZ F. DOGGETT, M.D., and communicated for the Boston Medical and Surgical Journal.]

I WAS called, Aug. 21, to visit W. C., of South Middleboro', a laboring man, aged 23; of healthy elastic constitution, and mixed temperament. The nature of the case under consideration was evinced by the retention of urine, and the groans of the patient; yet a delay of a few moments was made to investigate causes. I learned that when the patient was 9 years old, he received an injury in the perineal region, when riding on horseback; and from that time there had been occasionally some difficulty in urinating, sometimes amounting to complete retention; but with the aid of quietude, rest and medicine, he was speedily relieved. It was now near midnight. I learned that the physician of the place had been with the patient the day previous, and that from some misunderstanding he was not again expected, unless sent for. Inquiries were immediately made in reference to what had been done for the patient. All was found to be judicious, especially the full venesection, and the tender, though unsuccessful attempt to catheterize. The repetition of this last operation, though unsuccessful in the hands of my predecessor, appeared to be the main indication for speedy relief; but the patient pleaded so eloquently against it, as the parts were very sore and tender, and having no anæsthetic agent at hand, I thought best to omit it for the present; and ordered, with some alteration, a continuance of the medical course, which consisted in aperients, diuretics, fomentations, and anodynes by draughts and enema. At 4 o'clock in the morning, left my patient for a few hours.

Aug. 22d, 2 o'clock, P.M.—I have been absent much longer than expected. Find the patient no better. Now sixty hours since micturition, with the exception of discharge of half an ounce in the interval of last visit. Bladder much distended, very sensible and perceptible to the touch, in pubic region. Pulse 120, full and hard, with irregularity during paroxysms of expulsive pain. On examining state of bladder and its appendages per anum, find their condition more abnormal than anticipated. The inferior portion and cervix, enormously thickened; prostate barely distinguishable; the whole region, including the triangular space to the bulb, much enlarged, distorted, and so indurated that it scarcely resiliated to the touch. Catheterization attempted; but, with the most gentle, persevering and adroit means that I could exert, was unsuccessful. The instrument would stop at the bulb suddenly, as though interposed by a hard substance; evidently defining the spot of a most perfectly-organized stricture. Ordered warm bath at intervals, blister to the loins, and a continuance of the treatment, except diuretics. 10 o'clock at night.—No mitigation of symptoms, but increasing in as-

perity. Considering it unsafe to defer a dernier resort, by a delusive hope that something favorable would transpire, I recommended paracentesis, and also consultation with Dr. Snow, the physician who had previous acquaintance with the case. After deliberating with this gentleman, with great circumspection and care, the conclusion we came to was, that the operation must immediately be performed. For this purpose the patient was brought to the foot of the bed, and the body slightly inclined back, supported by an assistant, with each foot resting upon a stool. The anæsthetic agent was now administered, and the patient rendered insensible. Not being able to distinguish precisely the spot, to puncture the bladder through the rectum, on account of the confused state of the parts between the peritoneum and prostate, I deemed it far more safe to operate above the pubis. Accordingly, the incision was made in the ordinary way, which brought to view the coats of the bladder; but not having my trocar in order, the operation was completed with the lancet, by an incision into the bladder, and the insertion of a female catheter. This immediately relieved the organ of more than five pints of high-colored, ropy urine, and the patient of great agony. 2 o'clock in the morning, leave patient in the sweet embrace of Morpheus, after seventy-two hours of watchfulness.

23d, 11 o'clock, A.M.—Patient comfortable; has had refreshing sleep; taken nourishment, and has an increasing appetite. No disposition to urinate naturally, but very freely through the artificial opening. No appearance of extravasation into the cellular texture, or sympathetic irritation from any source. Recommend farinaceous diet, and discontinuance of all medicines, except half a drachm sweet spirits of nitre in mucilage, repeated every fourth hour, and occasional gentle physic.

31st.—Since last report the patient has been very comfortable, except when annoyed by attempts to catheterize, till within the last thirty-six hours. Now some symptoms of peritoneal inflammation appearing, and the patient growing weak, restless and despondent, I suggest to Dr. Snow, who has been constantly in attendance with me, the importance of devising means to get clear of the opening above the pubis. For this purpose I recommended the radical operation for stricture of the urethra; in which proposal he immediately concurred with me. As it is said, "in a multitude of counsel there is safety," Dr. King, of Middleboro' Corner, was called in consultation, who immediately gave it as his opinion, that the operation was the only scientific course of procedure in the case. All necessary arrangement for it was therefore made. The patient was placed in the position for lithotomy—not manacled, as a suitable number of assistants were present to support him. Chloroform was administered by Dr. Snow, and the patient rendered perfectly insensible. I now introduced a metallic catheter into the urethra, as far as the stricture, which was carefully retained there by Dr. King; made an incision in the perineum, in the course of the raphe, quite down to the extremity of the catheter, which now with facility moved on half an inch, and again became firmly obstructed. The catheter was now withdrawn, and a small director introduced in its place, about half the distance through the membranous portion of the urethra, and

with a straight bistoury the incision was extended as far as practicable or necessary, and the catheter introduced and carried along until it met with another obstruction, probably at the prostate, which by the application of some force was overcome, and at length the catheter, as I judged, entered the bladder. But on depressing the external end of the instrument, to my utter astonishment, as well as that of the gentlemen in consultation, no urine escaped, although at intervals it occupied the central and lower part of the organ, which I judged contained about three gills of urine. By way of demonstration, an attempt was made to carry the catheter nearer the fundus of the bladder, in order to come in contact with the one introduced above the pubis. Being several times foiled, as well as the other medical gentlemen, by an interposing smooth substance, obviously of a membranous structure, I conjectured that this substance was either a fold of the mucous membrane of the bladder—or that there might be attached to it, a partial membranous partition. Under these circumstances, the chloroform was discontinued, when the system promptly re-acted, and the patient was restored to his normal sensibility. When asked how he felt, he replied "quite comfortable, with the exception of some lightness of the head and soreness below," meaning in the perineal region. In deliberating again with the medical gentlemen, an expectant course of treatment was agreed upon, leaving the catheter in the bladder, with the administration of anodynes, according to circumstances.

Sept. 4th.—Since the operation, particularly on the succeeding day, the patient has been remarkably comfortable. Had dejections and urinated freely through the instrument above the pubis, but not a drop below. Pulse 80; increasing appetite, with mitigation of inflammatory symptoms. With these indications, of import both serious and cheering, another effort was made for the patient's cure. A consultation was holden with the same medical gentlemen; the result of which was, a unanimous concurrence in the opinion, that another surgical operation was indispensably necessary, to consist in making an opening with a long trocar, through the perineum and urethra, into the bladder—not, however, in the language of Liston, "by a random thrust." On the authority of Sir Benj. Brodie, and other eminent surgeons, a straight silver canula was procured, of proper calibre and length, with blunt end and stilette adapted. The patient was placed in the position for lithotomy, and rendered insensible by the anæsthetic agent. The catheter was now withdrawn, and the canula, with stilette screwed in, was introduced in its place with facility, until it reached the prostate, where there appeared so much resistance, that the stilette was screwed out, and with gentle pressure carried along into the bladder; but on extracting it from the canula, to my disappointment no urine escaped. Following out my first hypothesis, of the fold of mucous lining, or the membranous partition of the bladder, the instrument was carried in the axis of the viscus, towards its fundus, and meeting with resistance was gently moved above the pubis, in the direction of the trocar below, but met the same interposing substance as on a previous occasion. The trocar was now carried a little further, and perforated what was supposed to be the in-

terposing substance; when the sudden, delicate removal of resiliency indicated success, and on extracting the stilette about half a pint of urine escaped. The chloroform was now discontinued, and the system very kindly re-acted, leaving the patient with total immunity from pain. Drs. Snow and King were present, and in consultation we thought it best to leave the canula in the bladder, to remove the instrument above the pubis, and heal up the orifice. The patient was left in charge of Dr. Snow for the next forty-eight hours.

6th.—The patient has remained very comfortable since last visit; had spontaneous evacuations from bowels; urinated freely from the canula; no appearance of extravasation or symptoms of inflammation, and the puncture above the pubis has nearly cicatrized over. Propose introducing the catheter through the whole track of the urethra, as soon as the part has sufficiently dilated, and soreness mitigated. The case was now, by mutual agreement, transferred to the care of Dr. Snow, who lives in the immediate neighborhood of the patient.

21st.—Patient's funds being exhausted, he has made application to the town authorities of Wareham, the place of his nativity, for pecuniary aid; and by their order his medical care is again transferred to me. During the last fifteen days, patient's health, both local and general, has much improved; the former, however, not so much as was anticipated. He has continued to urinate wholly through the canula, with the exception of a very inconsiderable amount through the natural passage when the canula was extracted to be cleansed. Several unsuccessful attempts have been made to catheterize. On account of morbid irritability, tumefaction, and the consequently undilated state of the part, it was thought best to omit the practice for the present, and trust to the restorative powers of nature. He is taking at intervals sweet spirits of nure, and gentle cathartics. Direct a continuance of this course.

Oct. 8th.—Since last report, have occasionally visited the patient. Nothing material has occurred, with the exception of a decided gradual improvement of the local difficulty—there being less irritability and swelling, and an increase of dilatation, evinced in extracting and introducing the canula. Now consider the patient's case more favorable for catheterization, and he evinces more willingness to submit to it (having hitherto firmly opposed it) as well as a resort to the anæsthetic agent for that purpose. Being now decided that sufficient remission of symptoms has occurred for further surgical aid, no time was lost in procuring a supply of the most improved catheters, both common and cutting—the proper equipment for my next visit.

10th.—While making arrangements to visit the patient, received a message from the town authorities—that “further attendance upon W. C. will be unnecessary, as he will be transferred to Dr. Snow, the physician of the neighborhood, who living near can tend upon him at less expense for a short time, when he will be sent to the Mass. General Hospital.” From this date I had no knowledge of the patient, until last February, four months. At that time he came running into my office, his countenance beaming with joy and gratitude, saying that he had got well; that after my dismissal he was under the care of Dr. Snow near

seven weeks ; that he was then taken to the Massachusetts General Hospital, and there remained about three weeks, under the care of Dr. Henry J. Bigelow, the principal surgeon of the institution, and was discharged cured. What particularly was done for the patient, while in the Hospital, I was unable to learn, amidst his excitement and my hurry to attend a professional call. I remember that he alluded to Dr. Bigelow's operation upon him, the safe confinement of his wife last autumn, and her present interesting state ; most fully corroborating the truth of his statement that the integrity of the penis was fully restored.

In concluding the report of this interesting case, with rendition of all honor to my distinguished successor, if it is shown that human suffering has been mitigated, and something contributed worthy the records of surgery, I am satisfied—trusting that the day is not far distant, when professional jealousy shall be banished from the heart of every true lover of medical science, and surgery cultivated in the retired hamlet as well as the populous city, and its votaries equally encouraged by the people, with fair competition for its laurels in the field of humanity. Then shall the bleeding artery be arrested, and the groans of the dying find speedy relief, in country and city—and surgery, the flower of medicine, no longer “bloom like islands upon Arabia's wild.

Wareham, November 1st, 1851.

MERCURIAL COMPOUNDS FOR FILLING TEETH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In December, 1843, I gave to the public, through your pages, my views of the use of mercurial fillings for carious teeth. I then made a full statement of the great injury and suffering which I had witnessed from their use, it being a time when these pernicious and previously condemned articles—amalgams—were again introduced by the authors of “mineral paste” and “lithodeon,” who were committing their destructive operations in many parts of the country. And I should not so soon ask to be heard again, had it not been for the appearance of an article in your Journal of the 14th inst., over the signature of “A. C. Castle, M.D.,” of New York city.

I am not willing that such an article should have the aid of your Journal to disseminate doctrines, the mischievous tendency of which has been repeatedly proved, wherever they have been suffered to govern the practice of dentists, without endeavoring to place upon their guard those of your readers who might be led to repentance through suffering, should they allow those abominable compounds of mercury to be placed in their teeth, under the false impression that they are *best in any case*.

I have always repudiated the practice. I will not be quoted as sinning against light in a single instance by the employment of amalgam ; for I have scarcely passed a week during many years, since this obnoxious article was introduced, without witnessing some of its injurious effects.

In your editorial remarks of the 31st of December, you have forcibly

uttered that which is true and just in regard to "dental amalgams." Those remarks may offend or wound. Let them do so. They will hit only where they are deserved. You say, "It has been clearly shown that nothing can be relied upon for this purpose" (the filling of teeth) "but gold, and responsible dental operators all over the land have repeatedly taught the same doctrine." Yes, Sir, this is correct, and will be responded to by those of the profession whose names have been long associated with all that is known of American progress in the science and art of dentistry, and whose skilful and faithful operations have given a high character and stamp to the practice of dental surgery at home and abroad. They have demonstrated, beyond all truthful denial, the superiority of gold fillings for arresting caries in the worst cases that occur where an operation can be relied upon for service; and they have borne ample testimony to the pernicious effects of "*mercurial cements*."

We do not expect those who use them to speak of the injurious results or uselessness of their operations. These will be made manifest in a thousand ways. Those who use amalgams, have their reasons, no doubt, for so doing. I would not here inquire or suggest what these may be. The recipients of their handy works will not be slow to find them out; and every man who has passed through a few years of professional experience, after having so learned his art as to do justice to his patients without resorting to such mercurial aids, will readily discover a reason for their use, but never a sufficient apology.

I would not be understood, by what I have said above, as entering into any controversy with the writer of the article which has called forth my remarks. Dr. Castle professes to know the origin and history of "dental amalgams;" and if so, he has seen already the amount of what I have to offer on the subject. My object in repeating what I now do, I have stated in the commencement. With regard to the doctrine which I herein condemn, I do not view it as coming especially from Dr. Castle. It has long been published to the world, and the practice to which it leads has been seen and repudiated by a host of the ablest men in the profession, who would have as much interest in adopting it as any others, could they do so in justice to their patients—to their own reputation and conscience. And therefore, wherever, or with whatever individual authority, Dr. A, B or C may proclaim the superiority, merits, or even *harmlessness*, of "*mercurial dental cements*"; while I stand on the watch tower, I shall be in duty bound to cry, *beware of the enemy*.

J. F. FLAGG.

No. 31 Winter st., Boston, Jan. 27th, 1852.

KOUSSO, FOR THE CURE OF TAPE-WORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having had an opportunity of employing koussou in a case of tape-worm, I forward you the particulars of the case. The patient, S—— P——, *æt.* 7½, has resided in Texas the past three years, has always enjoyed comparatively good health, and nothing occurred to

excite suspicion of his having *tape-worm* until about three months since, when on a steamboat, travelling from New Orleans to St. Louis, small portions, one or two links at a time, began to come away, and this continued until his arrival in Albany. There he was placed under medical attendance, and infusion of pomegranate prescribed, which was continued several weeks without producing the desired effect, though small portions of the *tænia* continued to be discharged for some time. Various domestic remedies were now resorted to, but without avail.

Jan. 11th, the patient came under my observation. Light complexion, sandy hair; pale but not emaciated; craving appetite, never satisfied with eating; pain and uneasy sensations in the epigastric region, allayed by eating; pupil of the eye much dilated; tongue very round and pointed, tip red, sides near the tip strawberry like, and back part of it close brown fur; pulse natural during the day; feverish and restless at night, with frequent night terrors. Never has complained of itching of the nose, nor other symptoms of the kind. Prescribed squash seeds, as recommended in the Journal. Three hours after, a dose of oil removed a larger portion of the worm than had ever been passed before.

12th.—Continued the squash seeds, but without any further effect.

13th.—Continued the infusion of pomegranate until 17th, 8½ A.M., then administered 145 grains of kouso, two thirds of the dose for an adult, the patient preceding and following it with lemon juice and water, a little every ten minutes. Occasioned nausea immediately, and with considerable effort it was retained in the stomach forty minutes, when the greater portion of it was thrown up. In an hour and a half had a slight movement of the bowels. 11½, another slightly-brownish discharge, apparently the kouso. Prescribed a full dose of ol. ricini, with spirits terebinthina. 1½, P.M.—No effect from the oil. As he had taken no food, allowed him a cup of tea with toast. 6½, P.M.—No movement from the medicine. Has a good appetite; pupil of the eye smaller; pulse regular, natural. Says he "feels perfectly well every way." 7, repeated the dose of oil. 10, P.M.—A very brisk operation from the medicine, which brought away about twelve yards of the *tænia solium*, which appeared to be the entire remaining portion, tapering down nearly to a point, and other small fragments detached.

18th, 8½, A.M.—So large a portion of yesterday's dose having been thrown up, deemed it necessary, for the security of the patient, to repeat the kouso. Accordingly formed the remaining 95 grains into a thin paste with cold water, adding a small quantity of hot water, and allowing it to infuse ten minutes, administered it in divided doses, the patient taking lemon juice and water, as before, every ten minutes. The only perceptible effect was slight nausea; pulse quite natural, and the little patient actively stirring about the room. Pupil of the eye decidedly more contracted. 12, M.—No action from the bowels. Prescribed oil as yesterday, a full dose. 4, P.M.—He drank a cup of tea with toast. 6½, P.M.—Slight movement from the bowels. Repeated the dose of oil. 9, P.M.—A brisk operation from the last dose of oil expelled another *tape-worm*, which proved to be the *tænia lata*. The *tænia solium* must have been originally at least twenty-five yards long,

links about one inch ; the tænia lata about one and a half yards. The head was entirely separate from the rest of the worm.

With great haste, E. A. POND.

Rutland, Vt., Jan. 22, 1852.

P. S.—Both specimens can be seen at the drug store of Pond & Morse.

LITHOTRIPSY IN THE FEMALE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the following instance the patient did not appear to be a favorable subject for this operation. Her health was very bad ; she was about 35 years of age, had been confined to her bed during the last half of her life, and was so deformed that she could not be made to assume the erect posture. The digestive functions were impaired, tongue habitually coated, and she was affected with formal dyspepsia. She was emaciated, feeble and irritable, and had for many years suffered intensely from the presence of stone in the bladder. This organ could contain only a small quantity of urine, and the desire to void it was incessant and painful. From vesical irritation there was an abundant secretion of mucus. She was, on the whole, pretty nearly broken down in constitution by the protracted and complicated nature of her maladies, and it was with a good deal of reluctance I undertook the process of crushing the calculus, fearing an unfavorable issue. But I was disappointed ; the operation was entirely successful, and was completed without any accident whatever. The calculus, when seized by the lithotriter, was found to be eighteen lines in diameter, and it offered at first great resistance to the instrument. But it was completely demolished in six sittings ; it might have been done in less, but for the embarrassment which resulted from inability of the bladder to tolerate distension. The urethra also being ample, the sittings were protracted by the frequent and involuntary discharge of the fluid contents of the bladder, which escaped with a gush by the stem of the instrument. But this capacity of the urethra, on the other hand, greatly facilitated the discharge of the comminuted fragments, which occurred in a short time after each crushing process was completed. The collected fragments weighed five drachms.

Greenfield, Jan. 20, 1852.

J. DEANE.

[WE have every reason to believe that the following remarks were written with the most friendly feelings towards the gentleman referred to, and we know that they are thus admitted to the pages of the Journal.—ED.]

CANDOR IN MEDICAL REPORTS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—For the want of proper frankness on the part of medical men, many valuable lessons are lost to the profession. There is, we

think, with some physicians (and we make the remark in no censorious spirit), a disposition manifested in their reports of cases to withhold a part of the facts from the public view—facts, too, which may have had much weight with them in determining their treatment or diagnosis. They appear to shrink from the scrutiny of their brethren, as if they feared that a full and impartial statement of every material circumstance, as it occurred, would give the impression that they had committed some slight error, which, if avowed, would render them liable to obloquy. They fear to publish their failures, while they readily enough trumpet every success—forgetting that the former may teach as valuable lessons as the latter. In fact, they wish their cases to appear perfectly fair and smooth—polished down to the nicest standard which modern science has set forth. And in their anxiety to have them appear thus, they sometimes, though perhaps unconsciously, fall into the opposite error of polishing too much—thus rendering their productions as truly violations of nature and of good taste as would be a landscape which should come from the hand of the artist with all the rocks on a rugged mountain side painted with smooth and carefully-rounded surfaces. They do not reflect that the path of medical practice is an uneven one, and often presenting dubious turns and windings, wherein the most familiar are liable to go astray.

We do not know why this feeling should prevail—nor can we think it does to a great extent. We believe the general disposition on the part of medical men is to give candid reports of their cases, which are the only ones of any value. Neither do we know why any one should feel reluctant to own that he has been mistaken—in medicine particularly—for the sources of error are so numerous, and the difficulties in the investigation of disease are so great, that the most experienced and erudite must have often erred. And he who would assert that he has never been mistaken, must be “written down either a fool or a liar.” It may be said that one is not bound to parade his false steps before the world. Of course not—but such an one should not attempt to point out the way. It is better to remain in darkness than to follow a light that burns but to deceive and mislead.

If the old and experienced members of our profession, who have sailed over the troubled sea of practical life, and who, notwithstanding an occasional thump of their good bark upon undiscovered rocks, or a drift upon dangerous shoals, have finally moored in a safe and quiet harbor—shielded by that all-powerful bulwark, reputation, from harm—if these attempt to mark upon the grand chart of experience the course that they have sailed, they are in duty bound to define, so far as they are able, the position of the hidden rocks and treacherous shoals, that those who come after them may escape if possible the dangers that have menaced them.

These remarks were suggested by reading the report of a case of “amputation of the uterus after partial inversion,” by Dr. Usher Parsons, of this city, and published in the *Boston Medical and Surgical Journal* of Jan. 21st.

Dr. Parsons, we fear, has not done all the good by this report that he

might have done. He has failed to show the difficulties which he met with—except “the known repugnance of the patient to examination”—in arriving at a correct diagnosis in this very interesting case; difficulties which even, we fear, led astray so good and experienced a surgeon as himself. We maintain that he should have done this, as there was no good reason why the information should have been withheld. His reputation certainly could not have suffered from the avowal, either with the profession or the public, for it is too well known and acknowledged to be so easily shaken.

We know nothing of this case except what we have learned from Dr. Parsons himself, and we felt a regret, on reading the report, that it was not as full and frank as was the verbal one which he made to the Providence Medical Association about ten days after the operation. At that time the tumor was presented, in alcohol, as a “polypus of the uterus, differing somewhat from the ordinary polypi of that organ, being much firmer in texture.” The mode of operation was also described, wherein he stated that he first attempted to cut it off at once, after having drawn it down, but desisted on account of the free hemorrhage which followed the first incision of the knife. After that he applied the wire ligature, as described in the Journal. He then proceeded to speak of some “unusually large bloodvessels,”* which had been found to enter the polypus at the centre, and congratulated himself that he did not cut it off, previous to applying the ligature, as he had originally intended—believing that the hemorrhage would have proved dangerous. He then cut open the “polypus,” and exhibited it to the members of the Association, one of whom was first to call the attention of Dr. Parsons to its true character, which was demonstrated by passing bristles into the Fallopian tubes.

This we regard as an *unreserved* statement of the case, so far as we were able to gather the facts at the time. If we have stated aught inaccurately, we hope some other gentleman who was present on the occasion will do us the favor to make the correction, which we will cheerfully acknowledge.

We believe we have conversed upon this subject with but two physicians up to the present time, and of course should not have alluded to it now if the case had not been made the property of the profession at large, and therefore open to honorable criticism.

It appears that Dr. Parsons was slightly deceived in the “tumor,” which he had excised, both before and after the operation. We think that, from a sense of justice to the profession, if for no other reason, he should candidly have declared the same in his published report, and thus have shown the difficulty of arriving at a correct diagnosis in similar cases. We felt no little regret that a gentleman, standing deservedly so high in his profession, should not have avowed, fearlessly and at once, an error, which, while it could have done himself no possible harm, would not only have relieved us from an unpleasant duty, but

* These “large bloodvessels” afterwards proved to be the *cul-de-sac* formed by the dipping of the peritoneum into the centre of the inverted uterus—and drawing with it a portion of the Fallopian tubes.

would also have taught the younger and less experienced members of our profession two valuable lessons—one as regards their liability to be mistaken, even after the most careful investigation; another as showing them a noble and magnanimous example of teaching wisdom to others by pointing out wherein he had erred.

Providence, R. I., 22d of 1st mo., 1852.

G. L. COLLINS.

DISINFECTING AGENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last number of your Journal you make mention of a new method of “overcoming bad odors,” &c., by the combustion of chloric ether in a lamp. Admitting it to be capable of accomplishing all that is claimed for it by its discoverer, I think there would be found some objections to its common use, from the fact of its not being so *safe* a disinfectant as some others which have been recommended. That a safe, effectual and permanent disinfecting agent, is much desired by the profession, as well as by others, is apparent from the labor and zeal which have been manifested by many in their researches for this purpose. But notwithstanding the efforts of chemists to prepare a substance to decompose or absorb putrescent odors, they have not as yet been able to find any thing that was effective and permanent. The cause of bad odors may be fully understood, but the proposed remedies have generally proved abortive, at least so far as I have had an opportunity of testing them. Last spring mention was made, in your Journal, of the discovery of a substance that was said to be an effectual destroyer of the foul emanations which arise from decomposing vegetable and animal matter. That substance was a powder made from a peculiar kind of peat moss, which was carbonized and prepared by the “Great Pond Mining and Agricultural Company,” at Cape Elizabeth, Maine. Having had frequent opportunities of witnessing its remarkable properties, I am of the opinion that nothing has yet been found which will compare with it in *cheapness, effectiveness, or permanency*. My object, Mr. Editor, in noticing your paragraph on the disinfecting properties of chloric ether, when burned in a lamp, is twofold. First, I do not consider it safe to make free and common use of it, be it ever so good a deodorizer; and, second, to inform you that since the powder above-mentioned was noticed in the Journal, it has been subjected to further trials in order to test it thoroughly, which I am happy to say have resulted in demonstrating it to be the *only true and permanent deodorizer* as yet known. Should you think it would interest your readers to have the details and results of several experiments with this powder made known, I will in a future number of the Journal communicate the same.

Yours very truly,

GEO. STEVENS JONES,

Boston, Jan. 28, 1852.

81 Charles street.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, FEBRUARY 4, 1852.

Letter from Damascus.—In the ancient city of Damascus, while on our recent tour, we formed an agreeable acquaintance with the writer of the following letter, Dr. Paulding, a native of Ohio. We have a grateful recollection of his personal kindness, and his efforts to save us from the knavish tyranny of the Arabs who were to convey us over a vast extent of that demi-savage country. The papers to which he alludes, being answers to medical questions proposed in regard to certain diseases and physiological laws in that region of Asia, have not been received. As to the bark referred to, a request was made that he would try the medicinal effects of the olive-wood bark in the treatment of intermittents, a malady that is extremely obstinate and fatal throughout Syria. We trust that before Dr. Paulding reads this note, the papers will have come to hand. Any communication from him on the subject alluded to, would be both new and valuable.

To Dr. Smith.

Damascus, 11th Nov., 1851.

MY DEAR SIR,—I sent you, by last English post, a couple of packages containing answers to a part of the questions you handed me when here last spring, which I then promised you immediately. An apology is due for its long delay. Shortly after you left Damascus, business called me to Beirut, and I was obliged to make three successive journeys across the mountains to the coast; and by the time I had accomplished these, summer had commenced, and I had to make immediate arrangements for removing my family to the mountains. This accomplished, I was seized with illness, which confined me to my room for more than a month, and on recovery, I found so much time had passed by since I promised you to write, that it would be best to omit it altogether, and so dismissed it from my mind. But recently receiving a number of your Journal, the subject was again called up, and the consequence is—the budget sent. I wrote it amidst continued interruptions and visitations by native patients, and it is therefore not what it should have been; and if on perusal you deem it unsuited to your Journal, throw it under the table, and you will give me no offence. If, however, you publish it, do me the favor to correct the proofs yourself, and rectify the errors as far as practicable.

I have not yet made the experiments you requested with the bark of the olive tree, not having been able to obtain such chemical tests as would enable me to analyze it properly. I intend sending you in a short time a bundle of bark and twigs of the tree, that you may analyze it and ascertain if it contains any principle analogous to quinine.

There is at present much sickness in Damascus—a malignant typhoid fever prevails throughout the city, which is very fatal. My own family and all our mission circle are well.

If your time permit you to write, I shall be most happy to hear from you, and any questions relative to the profession here, or to any other subject, shall, if possible, receive prompt attention.

Believe me, my dear sir,

Very truly yours,

J. G. PAULDING.

Lectures on Medical Jurisprudence.—Judge Parker, Royall Professor of Law in Harvard University, will commence a course of twelve lectures, as has already been mentioned, in the Boylston Medical School, of this city, on February 9th, and continue them on Mondays, Wednesdays, and Fridays, at 3 P. M. This is a spirited movement by that well-organized institution, and we tender our best wishes for its success. Medical jurisprudence, like chemistry, has been too much regarded as one of the non-essentials in medical education. A returning sense of duty in the Faculties of our Colleges, together with the promptings through the Journals, may finally lead to their restoration to the legitimate positions they should have in each and every school of medicine. The learned Drs. Beck and Williams, and a limited few besides, scattered through the Union, have written well on this weighty subject of Medical Jurisprudence, but gentlemen of the law are of late quite engrossing it. On the whole, it is very well that they should study it in all its varied ramifications, as Chitty and Guy have in England, since they no doubt perceive that the physicians have about abandoned it. Judge Parker will invest every topic in the domain of medical jurisprudence with extraordinary interest, if he throws into the scale the vast accumulations of his own personal experience. He will doubtless define the relationship which one class of medico-legal facts may have to others, together with the principles of the law of the land in their application to each and every point in the range of the science which is to be taught by him. Since it is commonly said by gentlemen of the bar that physicians are the poorest witnesses on the stand, and are more easily broken down than others of half their knowledge, partly because they are not quite certain in regard to mooted points, it would be advantageous for as many of us in the city to attend these lectures as can make it convenient. We hope they may eventually be published.

Medical Biographies.—From the degree of interest universally manifested in medical memoirs, we again respectfully beg to direct the attention of our numerous correspondents to the compilation of the lives of those who may have recently passed away, and thus, in rescuing their memoirs from oblivion, give a permanent record of their trials, successes, and their moral and scientific attainments. There has been an unusual degree of neglect in this particular department of our medical literature, especially in New England. With all the efforts that could be brought to bear, a sketch of the early lives and subsequent histories of Drs. Wyman, Randall, Woodward, Lee, Gorham, and others, of acknowledged worth and standing, could not be obtained, and to this day nearly all that is known of their talents or services, is embalmed in the bosoms of their immediate relatives and friends. Time makes their names more and more indistinct, and by and by there will be a generation on the stage that will have no interest in those pioneers of medical science. The life of that very remarkable man, the father of surgery in the interior of New England, the late Dr. Nathan Smith, the founder also of the Medical School of Dartmouth College, would be intensely interesting as well as instructive, even at this late day. Any one who would transmit a condensed paper, embodying the essential points in his long career of professional usefulness, would confer a favor on the rising men in our profession. Within a few years, very many distinguished practitioners have gone to that "bourne from whence no traveller returns," and not a line is extant, where

it should be, to perpetuate their excellent names among us. If this last appeal to our readers, to save and transmit whatever they can gather, illustrative of the minds, manners, habits and achievements of those medical brethren who have rendered up an account of their stewardship, is in vain, it will hardly be worth while to prompt them again.

The Ether Controversy.—This matter is again before the House of Representatives at Washington, who, through one of their committees, are now considering the pretensions of various claimants. Dr. W. T. G. Morton, of Boston, has petitioned Congress to appropriate to him a sum of money for making the discovery. Dr. C. T. Jackson has remonstrated against the recognition of Morton's claim by Congress, asserting himself to be the discoverer.

"To-Day."—This is the title, and an original kind of one, of a weekly literary Journal, edited by Charles Hale, Esq., of Boston, which deserves especial patronage, because its selections are excellent, its original articles appropriate and in good taste, and it is calculated to aid materially in the great effort that should be made to refine the public sentiment and morally advance society. We learn, by a paragraph in "To-Day," that a new work is in press at Cambridge, Mass., by C. H. Pierce, M.D., entitled "Examinations of Drugs, Chemicals, &c., as to their purity and adulterations."

The late Dr. Doane, of New York.—Dr. A. Sidney Doane, of the quarantine department of New York, a gentleman of large professional experience, a devoted literary laborer, and extensively known by his various translations from the French, and for his scientific and general enterprise, recently died at Staten Island. We deplore his death as a public calamity. A memoir of his life would be acceptable to the profession. Dr. Doane was a native of Boston, and his remains were brought here for interment. His disease was maculated typhus, or ship fever. We give below an extract from a letter we have received from a professional brother in this city, suggested by the death of Dr. Doane. The writer was familiar with this fever during the epidemic of 1847, and the results of his researches and discoveries in its pathology were then published at length in this Journal.

Alluding to the death of our esteemed friend, he says, "This melancholy event has impressed me more strongly than ever with the fact of the unusual fatality of this disease among the members of our profession. Statistics will show that no epidemic or contagious malady has ever visited our shores, that has carried off so many medical men in proportion to the number exposed."

And, in another place, "It must be noticed that here, and elsewhere, the municipal authorities, having these matters in charge, seem coldly indifferent to the requirements of our large hospitals devoted to the reception of emigrants and indigent patients. The medical force allowed is wholly insufficient. In 1847, during the great prevalence of maculated typhus at the House of Industry, in South Boston, the whole medical staff consisted of a superintending physician, one recent graduate, and two students in medicine, one of whom was disabled by ill health from entering the hospital. To this small force was committed the care of 200 fever

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cases and 600 miscellaneous patients connected with the several institutions, and requiring daily and nightly attention. It pains me to add that a petition from the superintending physician to the proper authorities, at that time, to be allowed to select an assistant physician, who might share with him the responsibility of his arduous duties, was met by delay and refusal, and only granted at last when the unanimous voice of our profession made it imperious. No wonder that with such labor, and so little to second their efforts, the strong give way and the boldest succumb.

We honor that *charity*, at once broad and deep, which has founded these noble institutions throughout our land. *Humanity* demands their sufficient endowment. The error in this respect lies in not sufficiently regarding the opinions of medical men, who alone are competent to judge."

Dr. Drew's Report of a Case of Triplets.—The following account, from Dr. Drew, of the case of triplets alluded to in last week's Journal, came too late for insertion in its proper place.

I was called last Sunday P. M., 25th inst., at half past 1, to Mrs. Patrick Costelo, of Winchester. She gave birth to a boy at 20 minutes before 4 o'clock. Presentation natural. Labor pains continued, and at 20 minutes past 5 o'clock, she gave birth to another boy. Breach presentation. About two minutes after, another boy was born. Presentation natural. The placenta came away in a short time, and the womb contracted well. The placenta was about the common width, where there is only one child. The length was three times as long as it was wide. The funis attached to the first child was once around its neck; it was three feet long, and attached to one end of the placenta. That of the second was small, 2½ feet long, and attached to the other end of the placenta. The cord of the third child was two feet long, and attached to the middle of the placenta.

Weight of first child, 7 lbs.; weight of second, 4 lbs. 10 oz.; weight of third, 6¾ lbs. They are all alive, and to-day, together with their mother, are doing well.

S. WATSON DREW.

Woburn, Mass., Jan. 30, 1852.

TO CORRESPONDENTS.—A valedictory address, from New Haven, and an account of the post-mortem appearances in a case of Epilepsy, are on file. A reply to one of the articles in last week's Journal, needs some modification before it can be inserted. If controversy is unavoidable, it must at least be divested, in our pages, of offensive personalities.

MARRIED.—At Lynn, D. M. B. Thaxter, M.D., of South Boston, to Miss Harriette Sherburne, of L.—At Philadelphia, 24th ult., Prof. N. R. Moseley, M.D., to Mary Matilda Kneeder.—Dr. C. White, of Concord, N. H., to Miss S. J. Boyd.

DIED.—At Lawrence, Ms., of ulceration of the bowels, after a long and distressing illness, Dr. Moses L. Atkinson. A short history of his case may be expected in the Journal, from Dr. Sargent, of that place, whose attendance upon Dr. A. has been assiduous and unremitting during his long sickness.—At Bennington, Vt., 30th ult., Dr. Micajah J. Lyman, formerly of Troy, N. Y., and a native of Northampton, Ms., 85.

Deaths in Boston—for the week ending Saturday noon, Jan. 31st, 62.—Males, 32—females, 30. Accidental, 2—inflammation of the bowels, 1—disease of brain, 1—burn, 1—consumption, 10—convulsions, 2—cancer, 1—croup, 3—debility, 1—dysentery, 1—diarrhea, 1—dropsy of the brain, 2—fever, 2—typhus fever, 2—typhoid fever, 4—hooping cough, 1—disease of heart, 2—infantile, 8—inflammation of the lungs, 5—disease of liver, 1—marasmus, 1—palsy, 2—rheumatism, 2—smallpox, 2—teething, 3—inflammation of throat, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 8—over 60 years, 6. Americans, 24; foreigners and children of foreigners, 38. The above includes 14 deaths at the City Institutions.

Prize Essay on Croup.—MR. EDITOR,—At the last meeting of the Boston Society for Medical Observation, the Judges appointed to award the prize of fifty dollars, offered through the Society, for "the best Practical Essay on Croup and its Treatment," made the following Report.

"The Committee to whom was assigned the duty of awarding the Prize for the best Dissertation on Croup and its Treatment, report, that from several dissertations which have been presented to them, they have selected the one with the motto "*Dum tacet clamant*," as being, on the whole, the best, and therefore have awarded to it the prize. The sealed envelope, which bore the above motto, was found to contain the name of Henry G. Clark, of Boston.

"The Committee feel it due to the authors of three other dissertations, bearing the respective mottoes, '*Occasio præceps*,' '*Phi Beta Kappa*,' and one with a quotation in French from Rilliet et Barthez, to say, that they are dissertations of high merit, and each deserving of a prize.

(Signed) JOHN WARE,
JOHN JEFFRIES,
EDWARD H. CLARKE."

This Report of the Judges was accepted; and the Society voted to earnestly request the publication of the Prize Essay. It was also voted that the authors of the other essays referred to in the report of the Judges be requested to publish their respective dissertations.

Very respectfully, Yours,

Boston, Jan. 26, 1852.

H. W. WILLIAMS, Rec. Sec.

It may not be uninteresting to state, that it has been ascertained that two others of the essays honorably mentioned in the Report, were written by physicians of this city.

Memoir of the late Dr. Knowlton.—MR. EDITOR,—At the time of the discontinuance of Dr. Knowlton's autobiography, Dr. Tabor promised the readers of the Journal a sketch of his life from the period at which his own account ceases, up to that of his death. We have been waiting patiently for its appearance, but have been disappointed. The account ceased at the very point at which we were beginning to be interested in his position; and we were desirous to know how he extricated himself from his difficulties and gained a respectable position.

We speak the sentiments of many readers of the Journal when we say that Dr. Tabor would very much oblige them by his promised sketch.

Yours, &c. A CONSTANT READER.

Philadelphia, Jan. 20, 1852.

Asphyxia by Submersion.—M. Plouviez, of Lille, communicated some observations upon this subject, in which he remarked that the great danger of asphyxia by submersion results from the loss of temperature, and from the introduction of water into the bronchi, and which he had found it impossible to remove by various means that he had put in practice. Among other means for restoration, the author states that small bleedings are useful by diminishing venous plethora, and so favoring the removal of the fluid by absorption.—*London Medical Gazette*.

Mass. Medical College.—The number of students attending lectures at this college the present season is 126.